

## Application Data Sheet

### Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	METHOD AND MEANS FOR CONSTRUCTING MASONRY WALLS
Attorney Docket Number::	2546-1004
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	6
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent	No
Appl.?::	

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: EMANUELE  
Middle Name::  
Family Name:: SECOMANDI  
City of Residence:: BERGAMO  
State or Province of  
Residence::  
Country of Residence:: ITALY  
Street of Mailing VIA LAPACANO, 8  
Address::  
City of Mailing Address:: BERGAMO  
State or Province of Mailing Address::  
Country of Mailing Address:: ITALY  
Postal or Zip Code of Mailing Address:: 24100

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: PAOLO  
Middle Name::  
Family Name:: BIAVA  
City of Residence:: CURNO (BERGAMO)  
State or Province of  
Residence::  
Country of Residence:: ITALY  
Street of Mailing VIA PERTINI, 32  
Address::  
City of Mailing Address:: CURNO (BERGAMO)  
State or Province of Mailing Address::  
Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address:: 24035

**Correspondence Information**

Correspondence Customer 000466  
Number::

**Representative Information**

Representative Customer Number::	000466
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
ITALY	MI2002A002278	10/25/02	Yes

**Assignment Information**

Assignee Name::  
Street of Mailing Address::  
  
City of Mailing Address::  
State or Province of Mailing Address::  
Country of Mailing Address::  
Postal or Zip Code of Mailing Address::